

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/599871

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4		1		1			
5		3		1			
6		3		1			
7	(1)			1			
8	1		1				
9	1		1				
10	1		1				
11	1		1				
12	2		1				
13	1		1				
14	1		1				
15	1		1				
16	2		1				
17	1		1				
18	1		1				
19	1		1				
20	(1)		1				
21	(1)		1				
22	(1)		1				
23							
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47							
48							
49							
50							
TOTAL IND.	1		1				
TOTAL DEP.	27	←	21	←	22	←	
TOTAL CLAIMS	28		22				

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95							
96							
97							
98							
99							
100							
TOTAL IND.							
TOTAL DEP.		↓			↓		↓
TOTAL CLAIMS							